State Planning Standards Checklist for Annex H, Health & Medical Services

Jurisdiction(s): City of Beaumont
Annex Date: 9/22/2016 **Date of most recent change, if any:** _____
(The date which appears on the signature page)

Note: The annex will be considered Deficient if the *italicized* standards are not met.

This Annex shall:	Section/paragraph
I. Authority	
H-1. Identify local, state, and federal legal authorities pertinent to the subject of the annex in addition to those cited in the Basic Plan.	I
II. Purpose	
H-2. Include a purpose statement that describes the reason for development of the annex.	II
III. Explanation of Terms	
H-3 Explain or define terms, acronyms, and abbreviations used in the annex.	III
IV. Situation & Assumptions	
H-4. Include a situation statement related to the subject of the annex.	IV.A
H-5. Include a list of assumptions used in planning for health and medical services operations during emergency situations.	IV.B
V. Concept of Operations	
H-6. Outline the general concept, pursuant to NIMS, for provision of health and medical services during emergency situations.	V.A
H-7. Describe how medical services will be provided during emergency situations.	V.C
H-8. Describe how mortuary services will be provided during emergency situations	V.D
H-9. Describe medical and mortuary assistance that may be available from the state and federal governments.	V.E
H-10. Provide guidance for assessing damage to medical facilities.	V.F
H-11. Outline procedures for requesting state/federal medical assistance.	V.G
H-12. Include a list of actions by phases of emergency management to be taken to ensure adequate health and medical services during emergency situations.	V.H
VI. Organization & Assignment of Responsibilities	
H-13. Describe and/or depict the organization that will carry out the health and medical services function during emergency situations.	VI.A
H-14. Include a listing by organization or position of the responsibilities for health and medical services tasks during emergency situations.	VI.C
VII. Direction & Control	
H-15. Describe how the health and medical service function will be directed, controlled, and coordinated.	VII.A-C
H-16. Indicate the succession for key health and medical services personnel.	VII.D

VIII. Readiness Levels	
H-17. Describe health and medical actions to be taken at the various readiness levels.	VIII
IX. Administration & Support	
H-18. Provide guidance regarding health and medical activity reporting.	IX.A
H-19. Outline policies on maintenance and preservation of records relating to emergency health and medical activities.	IX.B
H-20. Describe the policy for post-incident review of emergency operations.	IX.C
H-21. Identify local health and medical facilities and include a list of medical response resources or make reference to such a list elsewhere in the plan.	IX.E Appendix 1
X. Annex Development & Maintenance	
H-22. Specify the individual(s) by position responsible for developing and maintaining the annex.	X.A
H-23. Make reference to the schedule for review and update of annexes Included in the Basic Plan.	X.B
XI. References	
H-24. Identify references pertinent to the content of the annex.	XI

FOR LOCAL GOVERNMENT USE	Signature	Date
This Checklist Completed By	Shaquilla Nichols	9/25/14

FOR DEM USE	Initials	Date
DEM Regional Liaison Officer Review		
DEM Preparedness Section Processing		

ANNEX H

HEALTH
&
MEDICAL SERVICES

BEAUMONT

Emergency Management

September 2016

Ver 2.1
8/06

APPROVAL & IMPLEMENTATION

Annex H

Health & Medical services

This annex is hereby approved for implementation and supersedes all previous editions.

Signature (Sherry Ulmer)	Public Health Director	9/22/2016 Date
Signature (Max Nguyen)	EMS Manager	9/22/2016 Date
Signature (Tim Ocnaschek)	EMC	9/22/2016 Date

NOTE: **The signature(s) will be based upon local administrative practices. Typically, the individual having primary responsibility for this emergency function signs the annex in the first signature block and the second signature block is used by the Emergency Management Coordinator, Mayor, or County Judge. Alternatively, each department head assigned tasks within the annex may sign the annex.**

RECORD OF CHANGES

Annex H

Health & Medical Services

Updated by Planning Committee Members:
Shaqueena Nobles- Emergency Management
Glenda Piazza- Emergency Management
Kenneth Coleman – Public Health
Amalia Villareal- Water Utilities
Max Nguyen- Public Health
Joe Condina – Fire Department

Further Review by:
Sherry Ulmer-Public Health Director

EMC Review: Tim Ocnaschek

Change #	Date of Change	Entered By	Date Entered

ANNEX H

HEALTH & MEDICAL SERVICES

I. AUTHORITY

See Basic Plan, Section I.

Texas Code of Criminal Procedure, Part 1, Chapter 49, Inquests on Dead Bodies.

II. PURPOSE

The purpose of this annex is to outline the local organization, operational concepts, responsibilities, and procedures to accomplish coordinated public health and medical services to reduce death and injury during emergency situations and restore essential health and medical services within a disaster area.

III. EXPLANATION OF TERMS

A. Acronyms

ACS	Alternate Care Site
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CISM	Crisis Incident Stress Management Team
CAPP	Clergy and Police Partnership
DDC	Disaster District Committee
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Services Team
DSHS	Department of State Health Services
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMTF	Emergency Medical Task Force
EOC	Emergency Operations or Operating Center
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
NDMS	National Disaster Medical System
NIMS	National Incident Management System
PIO	Public Information Officer
SOPs	Standard Operating Procedures
START	Simple Triage and Rapid Treatment (See Appendix 2)

B. Definitions

1. Disaster Medical Assistance Team. A team of volunteer medical professionals and support personnel equipped with deployable equipment and supplies that can move quickly to a disaster area and provide medical care.

2. Disaster Mortuary Services Team. A team of mortuary service and medical personnel that provide mortuary and victim identification services following major or catastrophic disasters.

3. Joint Information Center. A facility, established to coordinate all incident-related public information activities, authorized to release general medical and public health response information delivered by a recognized spokesperson from the public health and medical community.

4. National Disaster Medical System. A coordinated partnership between Department of Homeland Security (DHS), Department of Health and Human Services Commission, Department of Defense, and the Department of Veterans Affairs for the purpose of responding to the needs of victims of a public health emergency. Non-federal participants include major pharmaceutical companies and hospital suppliers, the national Foundation for Mortuary Care, and certain international disaster response and health organizations.

5. At Risk Individuals/Groups. Includes the elderly, medically fragile, mentally and/or physically challenged or handicapped, individuals with mental illness, and the developmentally delayed. These groups may need specially trained health care providers to care for them, special facilities equipped to meet their needs, and require specialized vehicles and equipment for transport. This population requires specialized assistance in meeting daily needs and may need special assistance during emergency situations.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. As outlined in Section IV.A and Figure 1 in the Basic Plan, our area is vulnerable to a number of hazards. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, serious health risks, and other situations that adversely affect the daily life of our citizens.

2. Emergency situations could result in the loss of water supply, wastewater, and solid waste disposal services, creating potential health hazards.

3. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other facilities for medical/health care and at risk populations may be damaged or

destroyed in major emergency situations necessitating a need for transportation to other facilities.

4. Health and medical facilities that survive emergency situations with little or no damage may be unable to operate normally because of a lack of utilities or because staff have evacuated, are unable to report for duty as a result of personal injuries or damage to communications and transportation systems.

5. Medical and health care facilities that remain in operation and have the necessary utilities and staff could be overwhelmed by the "walking wounded" and seriously injured victims transported to facilities in the aftermath of a disaster.

6. Uninjured persons who require frequent medications such as insulin and anti-hypertensive drugs, or regular medical treatment, such as dialysis, may have difficulty in obtaining these medications and treatments in the aftermath of an emergency situation due to damage to pharmacies and treatment facilities, evacuation of personnel and disruptions caused by loss of utilities and damage to transportation systems.

7. Use of CBRNE weapons could produce a large number of injuries requiring specialized treatment that could overwhelm the local and state health and medical system.

8. Health and medical, as well as other city department employees may be affected by the same medical problems as the public during widespread influenza or other disease outbreaks. Staff may be unable to report for duty as a result of personal sickness, contagion or familial sickness or contagion.

9. Emergency responders, victims, and others who are affected by emergency situations may experience stress, anxiety, and display other physical and psychological symptoms that may adversely impinge on their daily lives. In some cases, disaster mental health services may be needed during response operations.

B. Assumptions

1. Although many health-related problems are associated with disasters, there is an adequate local capability to meet most day to day emergency situations.

2. An incident may occur which produces a mass casualty emergency necessitating the establishment of an Alternate Care Site.

3. An incident may occur which produces a mass fatality incident necessitating the establishment of a temporary morgue and a family assistance center

4. Public and private medical, health, and mortuary services resources located in our city may be available for use during emergency situations; however, these

resources may have been adversely impacted or overwhelmed by the emergency.

5. If hospitals and nursing homes are damaged, it may be necessary to relocate significant numbers of patients to comparable facilities elsewhere.

6. Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for disease and injury.

7. Damage to chemical plants, sewer and water distribution systems, and secondary hazards such as fires could result in toxic environmental and public health hazards that pose a threat to response personnel and the general public. This includes exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.

8. The public will require guidance on how to avoid health hazards caused by the disaster or arising from its effects. They will also want to know what resources are available to them for treatment of disease or injury.

9. Some types of emergency situations, including hurricanes, tornadoes and floods may affect a large proportion of our region, making it difficult to obtain mutual aid from the usual sources.

10. If medical or other city staffs are affected, special duty considerations or activities may have to be designated to provide continuity of government services and maintenance of health care.

11. Appropriate local, State, and possibly federal public health officials, and organizations will coordinate to determine current medical and public assistance requirements.

12. In some types of emergencies the Incident Command System may incorporate Unified Command with appropriate personnel assigned.

V. CONCEPT OF OPERATIONS

A. General

1. This government will provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of its citizens operating under the principles and protocols outlined in the National Incident Management System (NIMS).

2. The City of Beaumont Public Health Department is the local agency primarily responsible for the day-to-day provision of many health and medical services for our community. This department also serves as the Health Authority for our City.

3. This annex is based upon the concept that the emergency functions of the public health, medical, and mortuary services will generally parallel their normal day-to-day functions. To the extent possible, the same personnel and material resources will be employed in both cases. Some day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency and the resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.

4. Provisions must be made for the following:

   a. Establishment of an incident command post at the disaster site.
   b. Activation and staffing of the EOC if applicable
   c. Coordinating health & medical responder's efforts within the management of the overall incident.
   d. Establishment of Alternate Care Sites if necessary.
   e. Activation of volunteer medical resources identified by Beaumont Public Health.
   f. Triage of the injured, if appropriate.
   g. Medical care and transport for the injured.
   h. Identification, transportation, and disposition of the deceased. Notifications to next of kin.
   i. If applicable, establishment of a Family Service area where family members can be briefed, receive information about their loved one and have mental health providers available to them.
   j. Holding and treatment areas for the injured.
   k. Isolating, decontaminating, and treating victims of hazardous materials or infectious diseases, as needed.
   l. Identifying hazardous materials or infectious diseases, controlling their spread, and reporting their presence to the appropriate state or federal health or environmental authorities.
   m. Issuing health & medical advisories to the public on such issues as drinking water precautions, waste disposal, the need for immunizations, food protection techniques and other protective measures deemed necessary.
   n. Conducting health inspections of congregate care and emergency feeding facilities.
   o. Coordination between all responding departments and agencies with the PIO to ensure a consistent message is disseminated and a JIS is established.

B. Mental Health Services

1. Appropriate disaster mental health services need to be made available for disaster victims, survivors, bystanders, responders and their families, and other

community caregivers during response and recovery operations. Services may include crisis counseling, critical incident stress management, information and referral to other services, and education about normal, predictable reactions to a disaster experience and how to cope with them.

2. Locally, there are a number of resources available for disaster mental health services. The CAPPS program with the Beaumont Police Department as well as the Southeast Texas CISM with Spindletop MHMR is available when needed. Additional information on disaster mental health services procedures and contact information can be found in Annex O (Human Services).

C. Medical Services

1. Ambulance and Transportation

   a. All ambulances serving in our city will be equipped with Field Triage Tags and shall contain at all times, those essential items as specified by the Texas Department of State Health Services (DSHS).

   b. Upon notification of an emergency situation, ambulances from the City of Beaumont's Public Health Department will be dispatched to the scene by the Beaumont Fire-EMS Communications Center.

   c. The paramedic who first arrives on the scene will:

      1) Serve as Triage Officer.
      2) Survey the disaster scene.
      3) Act as the Incident Commander or transfer that role as appropriate.
      4) Brief the incoming Incident Commander if necessary.
      5) Establish a triage area.
      6) Complete preliminary triage and institute a process for stabilizing and transporting those most critically injured.
      7) Record the number of casualties transported and their destination.
      8) Advise the Beaumont Fire-EMS Communications Center to make notification to Emergency Management and Public Health of mass casualties, if appropriate.

   d. If the emergency situation warrants, the Triage Officer will request, through the Incident Commander additional resources. Additional medical transportation can be requested from City of Beaumont contracted private companies or through mutual aid agreements.

   e. All ambulance service personnel will follow the ICS structure in place.

f. The Triage Officer will report to the EMS Supervisor, and inform him/her as to what procedures have been initiated, the location of the triage area, the number of casualties, and the number and location of those transported.

g. The EMS Supervisor, during the course of the disaster, will provide information relative to situation and/or existing capabilities at the various medical treatment facilities to the IC/UC.

2. The Incident Commander will:

a. Coordinate with Medical personnel to request additional resources if necessary.

b. Upon the arrival of additional resources, determine if a Unified Command is necessary and if so, incorporate appropriate personnel into a Unified Command.

c. If the EOC is activated, ensure coordination with the EOC.

3. Triage

a. Medical supplies for providing advanced life support to trauma victims will be stored in a major rescue vehicle or trailer, or every responding service will bring a predetermined mass casualty supply package. Adequate supplies for treatment of victims requiring advanced life support will be stored in the rescue vehicle and mobilized to the scene of a mass casualty disaster.

b. The responsibility belongs to the Triage Officer who arrives on the scene to institute START and to implement actions that may be required by the situation.

c. If it is apparent there will be mass casualties, the nearest hospital with the necessary emergency facilities and others with suitable facilities will be notified as well as the City of Beaumont Emergency Management.

d. The EMS Supervisor or designee shall respond to the scene during a medical or local disaster and shall be in charge of patient care, triage, transportation, and all medical personnel.

e. The EMS Supervisor is responsible for all ambulances and directs the loading and transportation of patients and medical at risk evacuees. This person may act as a liaison between the medical field operations and the hospitals.

f. Registered nurses and paramedics employed with local ambulance services and capable of providing advanced life support will respond immediately to the disaster site in line with current contracts and agreements. They will work

under the direction of the Public Health Authority or his/her designee and apply their skills as required to disaster victims.

g. Equipment and medication for administering advanced life support to trauma victims will be transported to the scene by the assigned rescue unit. Additional supplies needed from local hospitals or other available resources will be coordinated through the Public Health Branch Director or the IC/UC as appropriate.

h. Triage Priorities – Patients with the most severe injuries or conditions have priority for transportation and treatment over others as outlined below. Medical personnel will utilize START guidelines (See Appendix 2):

1) Red Category – First Priority, Critical, Immediate

(a) Airway and breathing difficulties
(b) Uncontrolled or suspected severe bleeding
(c) Shock
(d) Open chest or abdominal wounds
(e) Severe head injuries

2) Yellow Category – Second Priority, Urgent, Delayed

(a) Burns
(b) Major or multiple fractures
(c) Back injuries with or without spinal damages

3) Green Category – Third Priority, Non-urgent, Walking Wounded

Transportation and treatment is required for minor injuries, minor fractures, or other injuries of a minor nature.

4) Black Category – Deceased, Non-urgent

i. The EMS Supervisor should submit a recommendation through the IC/UC regarding the need for a disaster declaration based on the Triage situation.

3. Waterway Response

a. The need to furnish life support service to those who may be on the surrounding waterways could arise at any time. Trained personnel and medical supplies for providing advanced life support to trauma victims may be available by mutual aid with approval by the Public Health Director.

b. A request for medical assistance should include details of the trauma to the extent necessary to determine the victims' needs, location, a description of medical items that are available, and other pertinent information.

c. The most expedient method of transportation will be used to provide the life support service. The first paramedic on the scene will recommend an appropriate method of transportation to accommodate the medical emergency.

D. Mortuary Services

1. Law enforcement is responsible for investigating deaths that are not due to natural causes or that do not occur in the care of an attending physician. A local Justice of the Peace authorizes autopsies to determine the cause and manner of death and provides authority to remove bodies from incident sites. The locally contracted Forensic Pathologist employed by Jefferson County Sheriff's Office is responsible for determining cause and manner of death and for conducting forensic investigations to identify unidentified bodies.

2. When it appears an incident involves fatalities, the Incident Commander shall request the 911 Operations Center make notifications to the Justice of the Peace and law enforcement requesting a response to the scene.

3. Law enforcement or the contracted mortuary transport agency shall arrange for the transportation of bodies requiring autopsy or identification to morgues or suitable examination facilities. When mass fatalities have occurred, it may be necessary to establish a temporary morgue and holding facilities. Refrigerated trucks may needed. Additional mortuary service assistance may be required and is available through local mutual aid agreements.

4. The contracted mortuary transport agency will collect bodies of victims from the scene and from hospitals, morgues, and other locations and the Funeral Homes will arrange with next of kin for the disposition of remains.

E. Medical and Mortuary Assistance

1. Department of State Health Services (DSHS). When requested by local officials, the DSHS can provide health and medical advice and assistance during emergency situations from its various regional offices.

2. Local Medical Resource Volunteer Group- The City of Beaumont Public Health Department maintains a list of local medical resources who have volunteered to assist during times of emergencies. The list of volunteers is maintained at the Beaumont Public Health Department. Activation of the volunteer resources is done at the direction of the Public Health Director.

3. Emergency Medical Task Force (EMTF)- The EMTF are a part of a much larger statewide public health and medical response system known as the Texas Disaster Medical System. EMTF resources may be requested by contacting the DDC. EMTF consists of the following teams: Ambulance Strike Teams, Mobile Medical Units, Registered Nurse Strike Teams, Multi-Passenger Vehicle Strike Team. EMTF-6 is the regional team from Southeast Texas.

4. Disaster Medical Assistance Team (DMAT)

   a. As noted previously, DMAT is a group of volunteer medical professionals and support personnel equipped with supplies and equipment that can be moved quickly to a disaster area and provide medical care. DMATs are a part of the National Disaster Medical System (NDMS). The DMAT concept involves using volunteer medical professionals to provide emergency services to victims of disasters. Each DMAT is an independent, self-sufficient team that can be deployed within a matter of hours and can set up and continue operations at the disaster site for up to 72 hours with no additional supplies or personnel. The 72-hour period allows federal support, including medical supplies, food, water, and any other commodity required by the DMAT to arrive.

   b. TX-1 DMAT is a federal and state response asset based in Texas. TX-1 DMAT can be activated by the State to respond to emergency events that may not be severe enough to warrant a federal response. Working closely with DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resource.

5. Disaster Mortuary Services Team (DMORT)

   The Texas DMORT provides mortuary and victim identification services following major or catastrophic disasters. The team is comprised of volunteer professionals from the mortuary and funeral industries.

F. Damage Assessment

1. Casualty Information. The Health Authority has primary responsibility for gathering information concerning injuries and fatalities resulting from emergency and disasters. Since accurate information concerning casualties is essential in identifying required levels of medical support, information of this type must be forwarded to the ICP as soon as it is available to support requests for assistance and for inclusion in required reports.

2. Water Supply Systems. In cooperation with the City of Beaumont Water Utilities Department and the Beaumont Public Health Department, DSHS has responsibility for evaluating damage to water treatment facilities following disaster occurrences. Because of system vulnerability to numerous forms of

contamination and the impact which prolonged shutdown of water treatment facilities could have on public health and welfare, it is essential that rapid and accurate assessments of damage are completed. Accurate and timely estimates for required repairs will permit the DSHS and the City of Beaumont Water Utilities Department to identify appropriate interim measures such as rationing, expedient water treatment, or construction of temporary water delivery systems.

3. Wastewater Systems. Wastewater treatment facilities are vulnerable to disaster-related interruptions and their unavailability can have a major impact on the community's health and well-being. The Texas Commission on Environmental Quality (TCEQ), in cooperation with the Water Utilities Department, has a responsibility for evaluating damage to those facilities, as well as advising local officials concerning expedient sanitation practices that may be required in the affected areas.

4. Medical Facilities. Beaumont Public Health Department has primary responsibility for evaluating damage sustained by medical facilities in a disaster area. The hospitals and nursing homes in the City of Beaumont will provide support in this activity. The facility administrator or his/her designee will gather initial damage reports and identify which patients must be removed pending repairs. This data will be provided to the Health Authority.

G. Requesting External Assistance.

If health and medical problems resulting from an emergency situation cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or resources obtained by the Resource Management staff in the EOC, local government may request medical or mortuary assistance from the State. The Mayor or designee should make requests for such assistance to the DDC Chairperson in Beaumont. The City of Beaumont will coordinate with Jefferson County for resource orders as appropriate.

H. Activities by Phases of Emergency Management

1. Prevention:

   a. Give immunizations.
   b. Conduct continuous health inspections.
   c. Coordinate with Emergency Management to identify personnel needing training in-line with their responsibilities (e.g. NIMS, position specific training as appropriate)
   d. Coordinate with Emergency Management to facilitate specialized training (e.g. hazmat, decontamination, etc.).
   e. Conduct epidemic intelligence, evaluation, presentation, and detection of communicable diseases.
   f. Conduct normal public health awareness programs.

2. Preparedness:

   a. Maintain adequate medical supplies.
   b. Coordinate with city officials to ensure water quality.
   c. Coordinate with city officials to provide safe waste disposal.
   d. Review emergency plans for laboratory activities regarding examination of food and water, diagnostic tests, and identification, registration and disposal of the deceased.
   e. Participate in the Multi-year training and exercise plan.
   f. Solicit and encourage EOP's for group homes and facilities identified with historical need for Functional Needs support.
   g. Solicit and encourage EOP's for health facilities and assisted living centers in accordance with DAD's requirements.

3. Response:

   a. Coordinate with the PIO to issue public health warnings and conduct public information programs dealing with personal health and protection issues associated with the emergency.
   b. Conduct disease control operations.
   c. Monitor sanitation activities.
   d. Ensure that supplies of potable water are available (See Annex O).
   e. Conduct environmental health activities regarding waste disposal, refuse, food and water control, and vector control.
   f. Begin the collection of vital statistics.
   g. Provide data related to injuries and fatalities.
   h. Manage Triage, Treatment and Transport of injured.
   i. Coordinate appropriate care and transport of casualties.

4. Recovery:

   a. Compile health reports for state and federal officials.
   b. Identify potential and/or continuing hazards affecting public health.
   c. Coordinate with the PIO to continue to give appropriate guidance for the prevention of the harmful effects of the hazard.
   d. Continue to collect vital statistics.
   e. Conduct health inspections.

VI. ORGANIZATION & ASSIGNMENT OF REPONSIBILITIES

A. Organization

1. Our normal emergency organization, described in Section VI.A of the Basic Plan and depicted in Attachment 3 to that Plan, will plan and carry out health and medical operations during emergency situations.

2. The City of Beaumont Public Health Department functions as the local Health Authority. The Health Authority has primary responsibility for the health and medical services function and shall designate the Department Director as the Health Officer to plan and coordinate public health and medical services during emergency situations. The Health Officer or a designee shall serve as a member of the EOC Staff. Health and medical service response activities at an incident scene will be coordinated through the Public Health Branch Director and the Incident Commander. Large-scale health and medical efforts may be coordinated from the EOC.

3. Upon receipt of official notification of an actual or potential emergency condition, it is the responsibility of the Health Authority to receive and evaluate all requests for health and medical assistance and to disseminate such notification to all appropriate public health, medical, and mortuary services.

B. Assignment of Responsibilities

1. General

   All agencies/organizations assigned to provide health and medical services support is responsible for the following:

   a. Designating and training representatives of their agency, to include NIMS and ICS training.
   b. Ensuring that appropriate SOPs are developed and maintained.
   c. Maintaining current notification procedures to ensure trained personnel are available for extended emergency duty in the ICP and/or EOC and, as needed, and in the field.
   d. Any medical coordination, oversight or compliance mandates with Public Health.

2. Emergency Functions

   Under the City of Beaumont Emergency Management Plan, the Health Authority or his/her designee has primary responsibility to provide the following services in response to emergency situations:

   a. Essential medical, surgical, and hospital care and treatment for persons whose illnesses or injuries are a result of a disaster or where care and treatment are complicated by a disaster.
   b. Public health protection for the affected population.
   c. Vital records services.

d. Damage assessment for public health & medical facilities and systems.

3. To ensure these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities. Those activities, and the services responsible for their accomplishment, are summarized below.

C. Task Assignments

1. The Health Authority or his/her designee will:

   a. Perform pre-emergency planning for emergency health and medical services and coordinate such activities during major emergencies and disasters.
   b. Provide qualified staff to support health and medical operations in the field, at the ICP, and/or in the EOC if activated.
   c. Ensure appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community caregivers during response and recovery operations. Information on disaster mental health services procedures can be found in Annex O (Human Services). There is a memorandum of agreement with Spindletop MHMR for mental health services.

2. The Health Authority or his/her designee will coordinate:

   a. Emergency health and medical activities from the ICP or EOC when activated.
   b. Rapid assessments of health and medical needs.
   c. Efforts of local health and medical organizations activated for an emergency assessing their needs, obtain additional resources, and ensure that necessary services are provided.
   d. Emergency medical teams responding to a disaster.
   e. Neighboring community health and medical organizations on matters related to assistance from other jurisdictions.
   f. State and federal officials regarding state and federal assistance.
   g. Response units, such as DMAT or EMTF.
   h. Screen individual health and medical volunteers obtaining positive identification and proof of licensure of volunteers.
   i. Location, procurement, screening, accountability, inventory and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
   j. Information to the news media on casualties and instructions to the public on dealing with public health problems through the PIO.
   k. The provision of laboratory services required in support of emergency health and medical services.
   l. Immunization campaigns or quarantines, if required.

m. Inspections of foodstuffs, water, drugs, and other consumables that were exposed to the hazard.
n. Implementation of measures to prevent or control disease vectors such as flies, mosquitoes, and rodents.
o. Preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
p. Food handling and sanitation monitoring in emergency facilities.

3. Emergency Medical Services will:

a. Respond to the scene with appropriate emergency medical personnel and equipment.
b. Upon arrival at the scene, assume an appropriate role in the ICS. Initiate ICS if it has not been established, report to the Beaumont Fire-EMS Communications Center, and notify the EOC if established.
c. Provide triage, treatment, and transport of the injured.
d. Ensure decontamination before transporting patients.
e. Coordinate with local and regional hospitals to ensure casualties are transported to the appropriate facilities.
f. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.). Continue radio and/or telephone communications with hospitals.
g. Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers, as needed.
h. Coordinate the evacuation of patients from affected hospitals and nursing homes, if necessary.

4. Hospitals will:

a. Implement internal and/or external disaster plans.
b. Advise the Health and medical services staff in the EOC of conditions at the facility and the number and type of available beds as well as their surge capacity.
c. Establish and maintain field and inter-facility medical communications.
d. Provide medical guidance, as needed, to EMS.
e. Coordinate with EMS, other facilities, and any medical response personnel at the scene to ensure the following is accomplished:
    1) Casualties are transported to the appropriate medical facility or ACS as appropriate.
    2) Patients are distributed to hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, treatment capabilities, and bed capacity.
    3) Take into account special designations such as trauma centers and burn centers.
    4) Consider the use of clinics to treat less acute illnesses and injuries.

f. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
g. Coordinate with other hospitals and with EMS on the evacuation of affected hospitals, if necessary. Evacuation provisions should specify where patients are to be taken.
h. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
i. Provide patient identification information when applicable and in-line with HIPPA guidelines. .

5. The Justice(s) of the Peace will:

a. Conduct inquests for the deceased and prepare death certificates.
b. Order autopsies if necessary to determine cause of death.
c. Order forensic investigations to identify unidentified bodies.
d. Authorize removal of bodies from incident sites to the morgue or mortuary facilities.
e. Provide information through the PIO to the news media for the dissemination of public advisories, as needed.

6. Law Enforcement will:

a. Upon request, provide security for medical facilities/ACS as necessary.
b. Conduct investigations of deaths not due to natural causes.
c. Locate and notify next of kin.
d. Establish perimeters around the scene if applicable to deter unauthorized entry into the area.
e. If mass casualties are due to a criminal offense, conduct investigations according to departmental SOP's.
f. Dispose of dead animals through the Animal Services Unit.
g. Provide additional requested services as needed.

7. Fire-Rescue will:

a. Assist emergency medical triage, treatment and transport operations as directed by Command.
b. Initiate hazardous materials, firefighting or technical rescue response operations in conjunction with medical disaster management, as directed by Command.
c. Manage the evacuation of at-risk populations when necessary.
d. Provide additional services as requested by Command.

8. Mortuary Services will:

a. Provide for the collection and care of human remains.
b. Establish temporary holding facilities and morgue sites, if required.
c. Coordinate with emergency health and medical services.

9. The City of Beaumont Public Works Department will coordinate:

a. Inspection of damaged medical facilities.
b. Making temporary repairs to City owned medical facilities.
c. If requested, assist Law Enforcement with equipment such as barricades to establish perimeter controls around the area.
d. Provide additional requested services as needed.

7. The respective Utility Department will coordinate the restoration of utilities service to key medical facilities.

8. The Public Information Office (PIO) will:

Disseminate emergency public information provided by health and medical officials. The Beaumont Health Authority has primary responsibility for the coordination of health & medical information intended for release through public media during emergency operations. Additional information on emergency public information procedures can be found in Annex I (Emergency Public Information).

13. Emergency Management will:
a. Activate the EOC if applicable.
b. Coordinate activities between the ICP and EOC.
c. If necessary, activate the ACS plan.
d. Assist department heads in identifying personnel needing training according to their responsibilities and help to facilitate such training.
e. Provide additional requested services as needed.

VII. DIRECTION & CONTROL

A. General

1. The Beaumont Public Health Director, working as a staff member of the City of Beaumont emergency organization, supported by an appropriate network, shall direct and coordinate the efforts of local health and medical services and agencies, and organizations during major emergencies and disasters requiring an integrated response.

2. Routine health and medical services operations may continue during less severe emergency situations. Direction and control of such operations will be by those that normally direct and control day-to-day health and medical activities.

3. External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by our agency administrators and carry out mission assignments directed by the Incident Commander or the EOC. However, organized response units will normally work under the immediate control of their own supervisors.

B. Incident Command System – EOC Interface

If both the EOC and an ICP are operating, the Incident Commander and the EOC must agree upon a specific division of responsibilities for emergency response activities to avoid duplication of effort as well as conflicting guidance and direction. The EOC and the ICP must maintain a regular two-way information flow. A general division of responsibilities between the ICP and the EOC that can be used as a basis for more specific agreement is provided in Section V of Annex N, Direction & Control.

C. Disaster Area Medical Coordination

1. In emergency situations involving significant damage to City medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or services needed to restore vital functions. Each operating unit will report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the ICP.

2. The Public Health Branch Director must be prepared to receive the consolidated requests and channel various elements of those requests to those local health and medical facilities as well as other departments, agencies, and organizations that can best respond. Requests for resources that cannot be obtained through normal sources of supply or through mutual aid by health and medical facilities outside the local area should be identified to the Incident Commander or EOC for action.

D. Line of Succession

To ensure continuity of health and medical activities during threatened or actual disasters, the following line of succession is established for the Public Health Director:

1. Assistant Public Health Director
2. EMS Manager

VIII. READINESS LEVELS

A. Level IV: Normal Conditions

1. Review and update plans and related SOPs.
2. Review assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of health & medical resources (see Annex M).
5. Maintain and periodically test equipment.
6. Participate in appropriate training, drills, and exercises.
7. Develop tentative task assignments and identify potential resource shortfalls.
8. Establish a liaison with all private health & medical facilities.
9. Maintain a current listing of inventory resources.

B. Level III: Increased Readiness:

1. Check readiness of health and medical equipment, supplies, and facilities.
2. Correct any deficiencies in equipment and facilities.
3. Check readiness of equipment, supplies, and facilities.
4. Correct shortages of essential supplies and equipment.
5. Update incident notification and staff/volunteer recall rosters.
6. Notify key personnel of possible emergency operations.
7. Review procedures for relocating patients and determine the availability of required specialized equipment if evacuation of health & medical facilities may be required.

C. Level II: High Readiness:

1. Activate applicable personnel and make preliminary assignments. Identify personnel to increase staffing as needed.
2. Identify what equipment may be needed, and stage or place on standby.
3. Identify personnel to staff the EOC and ICP when activated.
4. Prepare to implement inter-local agreements.
5. Consider precautionary deployment of personnel and equipment, if appropriate.

D. Level I: Maximum Readiness:

1. Mobilize selected or additional Health Department personnel.
2. Dispatch Health Department representative(s) to the EOC when activated

IX. ADMINISTRATION & SUPPORT

A. Reporting

1. In addition to reports that may be required by their parent organizations, health & medical elements participating in emergency operations should provide appropriate situation reports to the Incident Commander, or if an incident command operation has not been established, to the Health Authority in the EOC. The Incident Commander will forward periodic reports to the EOC.

2. Pertinent information from all sources will be incorporated into the Initial Emergency Report and the periodic Situation Report that is prepared and disseminated to key officials, other affected jurisdictions, and state agencies during major emergency operations. The essential elements of information for the Initial Emergency Report and the Situation Report are outlined in Appendices 2 and 3 to Annex N, Direction and Control.

B. Maintenance and Preservation of Records

1. Maintenance of Records. Health and medical operational records generated during an emergency will be collected and filed in an orderly manner. A record of events must be preserved for use in determining the possible recovery of emergency operations expenses, response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.

2. Documentation of Costs. Expenses incurred in carrying out health and medical services for certain hazards, such as radiological accidents or hazardous materials incidents, may be recoverable from the responsible party (See Annex Q). Hence, all departments and agencies will maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.

3. Preservation of Records. Vital health & medical records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance for preserving and restoring those records should be obtained as soon as possible.

C. Post Incident Review

For large-scale emergencies and disasters, the EMC shall organize and conduct a review of emergency operations by those tasked in this annex in accordance with the guidance provided in Section IX.E of the Basic Plan. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical services that participated in the emergency operations being reviewed should participate in the post-incident review.

D. Exercises

Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by our city will periodically include health and medical services operations. Additional drills and exercises may be conducted by various agencies and services for the purpose of developing and testing abilities to make effective health and medical response to various types of emergencies.

E. Resources

1. A list of local health & medical facilities is provided in Appendix 1.

2. A list of deployable health and medical response resources is provided in Annex M, Resource Management.

X. ANNEX DEVELOPMENT & MAINTENANCE

A. The Public Health Director in coordination with the EMC is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.

B. This annex will be revised annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.

C. Departments and agencies assigned responsibilities in this annex are responsible for developing and maintaining SOPs covering those responsibilities.

XI. REFERENCES

A. Annex H (Health & Medical Services) to the *State of Texas Emergency Management Plan.*

B. Texas Department of State Health Services website: www.dshs.state.tx.us.

C. DSHS Public Health Region website: www.dshs.state.tx.us/brlho/regions.html. This site contains information on the counties served by the 11 DSHS Public Health Regions.

APPENDICES

Appendix 1.....Local Health & Medical Facilities
Appendix 2.....START Guidelines

LOCAL HEALTH & MEDICAL FACILITIES

1. **Hospitals**

   Christus St. Elizabeth Hospital
   2830 Calder Avenue
   Beaumont, TX 77706
   409-892-7171
   (Trauma Center and Emergency Room, decon, medical screening equipment, backup power and water capabilities)

   Baptist Hospital of Southeast Texas
   3080 College Street
   Beaumont, TX 77701
   409-212-5000
   (Emergency room, decon, medical screening equipment, backup power)

   The Medical Center of Southeast Texas – Victory Campus
   6025 Metropolitan Drive
   Beaumont, TX 77706
   409-671-7700
   (Emergency Room, medical screening equipment, backup power)

2. **Nursing Homes**

   A listing of current nursing homes and assisted living homes are maintained in the Emergency Management Office and the Beaumont Public Health Department.

3. **Clinics**

   A listing of current medical clinics are maintained at the Emergency Management Office and the Beaumont Public Health Department.

Simple Triage and Rapid Treatment (START) Procedures

BEMS EMS units will employ the Simple Triage and Rapid Treatment (START) system as part of our procedure for managing multi-casualty events.

The first arriving medical personnel will clear the area of "walking wounded" by instructing them to move to a designated area. These walking wounded patients will be evaluated (using the parameters described below) once the remaining patients have been assessed. Those patients that remain after "clearing out" the walking wounded will immediately be evaluated using the following system.
All patients are initially evaluated using three parameters:

1. **Respiration (Ventilation)**
2. **Perfusion**
3. **Mental (Neurological) status**

Assessment of these parameters will result in the patient being assigned to one of three preliminary categories:

1. **Dead/non-salvageable**
2. **Critical/immediate**
3. **Delayed**

The initial assessment of each patient should take no longer than 60 seconds, The assessment of these parameters should be performed as follows.

1. ***Respiration:*** If adequate, proceed to the next assessment. If inadequate, attempt to improve ventilation using basic maneuvers such as removal of debris and positioning, The patient is then classified as follows:
   - **No Respiratory effort = dead/non-salvageable.**
   - **Respiratory rate > 30 OR requires airway assistance = critical/immediate**
   - **Respiratory rate < 30 = proceed to next assessment**

2. ***Perfusion:*** The paramedic may use either capillary refill (CR) for pediatrics or the radial pulse for adults to evaluate this component. The patient is classified as follows:
   - ***CR > 2 seconds OR no radial pulse present = critical/immediate***
   - ***CR < 2 seconds OR palpable = proceed to next assessment***

3. ***Neurological:*** The assessment of the patients level of consciousness will result in classification as follows.
   - ***Unconscious = critical/immediate***
   - ***Altered level of consciousness = critical/immediate***
   - ***Normal level of consciousness = delayed.***

Immediate Critical Red	**Delay Urgent Yellow**	**Walking wounded Non-Urgent Green**	**Dead Non-salvageable Black**
○ Respiratory rate > 30 or requires airway assistance **OR** ○ CR > 2 seconds or no radial pulse present OR ○ Unconscious or altered consciousness	○ Respiratory Rate < 30 **AND** ○ CR < 2 seconds or palpable radial pulse **AND** ○ Normal Level of Consciousness		Deceased